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AL2006-012

DESIGN	First Named Inventor Philip M. Sher							
PATENT APPLICATION	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Number							
Declaration Submitted OR With Initial  Declaration Submitted after Initial Filing (surcharge	Filing Date							
	Art Unit							
Filing (37 CFR 1.16 (e)) required)	Examiner Name							
I hereby declare that:								
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Fluctuating Blood Glucose Notification Threshold Profiles and Methods of Use								
I lactacing blood clacose Notification Threshold Fromes and Methods of osc								
the specification of which	nvention)							
is attached hereto								
OR								
was filed on (MM/DD/YYYY)  08 June 2006  as United States Application Number or PCT International								
Application Number PCT/US2006/022254 and was amende	ed on (MM/DD/YYYY) (if applicable).							
(,								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for								
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before that of the application on which priority is claimed.								
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**DECLARATION FOR UTILITY OR** 

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname				
Philip M.	hilip M.			Sher				
Inventor's Signature Chily M. Shen			Date 8/10/2006					
Residence: City	State		Country Citizen			ship		
Plainsboro	NJ		USA USA					
Mailing Address 18 Mifflin Court								
City	State	State		Zip		Country		
Plainsboro	NJ		08536			USA		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])  Family Name or Surname						е		
Inventor's Signature						Date		
Residence: City	State		Country		Citizenship			
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Additional inventors or a legal representative are being named on thesupplemental sheet(s) PTO/SB/02A or 02LR attached hereto.								